hyperacidity of the fluids. These considerations are, I think, important, as defining the conditions under which the experiments were made—conditions most favourable to the development of the specific effects of the lactic acid. It was the combination of all these which rendered Wright so susceptible to the action of the drug. By the absence of one of them (the lung-complication), and the minor degree of glycosuria, we may probably explain the slighter susceptibility in the second case. The larger doses of acid which Wright was able to take occasionally, towards the close of his stay in the hospital, find an explanation partly in his more careful management of the remedy, partly in an acquired toleration of it, and partly in the great improvement which occurred under treatment in the state of the respiratory organs and in the sugar-excretions. * * *

"In this communication, my object has been to lay before the profession facts which have an important bearing on the origin of a common and serious malady. If, by pointing out the nature of the poison of acute rheumatism, they help in the smallest degree to improve therapeutics, they will not have been observed in vain."

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16. *Cause of Diabetes.*—A most interesting and important addition to our knowledge of the cause of diabetes has been recently made by Professor Cyon, in a paper which he, along with M. Aladoff, has communicated to the Imperial Academy of Sciences at St. Petersburg, and which is published in the *Mélanges Biologiques.* Several years ago, Claude Bernard put forward the theory that in diabetes the functional activity of the liver is increased, and a larger amount of sugar formed in it in consequence of the vessels of the organ becoming dilated, and the circulation in them more active. The increased activity of the circulation he attributed to some change in the vaso-motor system of the hepatic vessels, which allowed their walls to relax in a similar way to those of the ear of the rabbit after the sympathetic has been divided in the neck. He ascertained that the formation of sugar could be greatly increased, and diabetes produced, by galvanizing the pneumogastric nerves in the neck, or by irritating their roots by puncturing them at their origin in the fourth ventricle. At the same time that the production of the sugar was increased by the puncture, the vessels of the liver became much dilated. It might thus have been supposed that the nervous influence which originated in the medulla oblongata and caused diabetes, passed down to the liver through the vagi. This, however, was not the case; for, when these nerves were cut and their ends galvanized, diabetes was only produced by irritation of the central end, but not by irritation of the peripheral extremity. Diabetes could also be induced by puncturing the fourth ventricle, just as readily after the vagi were cut as when they were intact. If the splanchnic nerves were cut before the fourth ventricle was punctured, no diabetes was produced; but if they were cut after the puncture had been made, their section did not remove the diabetes which was present.

From these and other experiments, Bernard concluded that the air inhaled during respiration irritated the ends of the vagus in the lung; that this irritation was conducted up to the medulla oblongata, and was thence reflected down the splanchnic nerves to the liver, and caused the formation of sugar. By what way the nervous influence passed from the medulla to the splanchnics, however, was not ascertained; and no very satisfactory explanation could be given of the fact that section of the splanchnics after puncture of the ventricle did not remove the diabetes. Some light was thrown upon this question by the observations of Eckhardt and Pavy, but it has been reserved for Cyon completely to solve it.

Pavy noticed that section of the superior cervical ganglion of the sympathetic might cause diabetes; and Eckhardt found that it followed section of the last cervical or any thoracic ganglion, just as certainly as puncture of the fourth ventricle. Section of the splanchnic nerves did not produce it.

Eckhardt tries to explain this difference between the effect of dividing the ganglia and the nerves by supposing that diabetes is due to irritation of the ganglia by the exposure of their cut surfaces to the air, and that, when the nerves are divided between the ganglia, paralysis and not irritation is produced. If this hypothesis were true, diabetes should not occur when the ganglia are completely extirpated; but Eckhardt does not say whether it does or not, and therefore Cyon determined to perform this operation, and thus test the truth of Eckhardt's theory. When he cut through the last cervical or the first dorsal ganglion, he found, like Eckhardt, that diabetes was produced; but it occurred just as certainly when both ganglia, or even the last cervical alone, were cut completely away, or when the nerve-fibres entering this ganglion were all cut through, although the ganglion itself was never touched. This clearly showed that Eckhardt was wrong, and that the diabetes occurring after operations on the last cervical or first thoracic ganglia was due to paralysis of the nerves which were connected with them, and not to irritation of the ganglia themselves. He next ascertained that all the fibres entering these ganglia had not the same effect in causing diabetes, for it occurred when either of the branches which pass along the vertebral artery from the spiral cord to the last cervical ganglion, or the two fibres which connect it with the first thoracic ganglion, were divided, whereas section of the other nerves proceeding from the ganglion did not do so. It thus became evident that the nerve-fibres whose paralysis causes diabetes, come from the spinal cord through the vertebral nerves to the last cervical ganglion, and pass from it to the first dorsal in the two connecting branches which, in their course from one ganglion to another, inclose the subclavian artery, and form the annulus of Vieussens. So much having been ascertained, it would seem easy enough to trace the nervous path down the gangliated cord and splanchnics to the liver; and one would expect that, by dividing the cord in the thorax, and thus paralyzing the fibres going to the liver, diabetes would be produced as certainly as when they were divided at the level of the vertebral artery.

Such, however, was not the case; for not only did subcutaneous division of the gangliated cord between the tenth and twelfth ribs not produce diabetes, but, if the cord were cut before, or at the same time as the last cervical or first thoracic ganglion, the diabetes which would otherwise have occurred did not appear. But when diabetes was first produced, division of the cord did not diminish it, or even hinder its increase, just as Bernard had found with regard to the splanchnics. In order to explain this apparently contradictory result, Cyon set about investigating the way in which the fibres of the annulus of Vieussens affect the liver, and more especially the circulation in it.

On irritating these fibres, he found that a number of fine white lines appeared round the lobules of the liver, in the position occupied by the small branches of the portal vein and hepatic artery; and these were so numerous as to produce the appearance of whitish spots on the organ, which continued while the irritation lasted, and disappeared after it ceased. At the same time that these spots appeared, he noticed that any cut or tear in the liver bled less freely than before. This indicated that contraction of the portal vein or hepatic artery, or of both, had been occasioned by irritation of the annulus; but, in order to make assurance doubly sure, as well as to find out whether it was the artery or the vein that contracted, he put a T-canula into the hepatic artery, and connected it with a manometer. On then irritating the annulus of Vieussens, the pressure rose in the manometer as much as thirty to seventy *millimètres* of mercury; while in the carotid it only rose five to ten *millimètres*. To remove the last objection which might be raised, and show conclusively that the rise of pressure was due to contraction of the branches of the hepatic artery in the liver, and not to any other cause, he compressed the artery beyond the point where the canula had been inserted, so that no change in the calibre of its branches could have any influence on the blood-pressure in its trunk. On again irritating the annulus, he found that no alteration in the pressure was produced. Division of both annuli produced, as was to be expected, dilatation of the branches of the hepatic artery, and fall of the blood pressure in it. When the portal vein was experimented on in the same manner, the pressure only rose ten or twelve *millimètres* during irritation; and he thinks this is probably due indirectly to the change in pressure in the artery.

These experiments completely prove that the vaso-motor nerves of the hepatic artery are contained in the annulus of Vieussens; that their division causes the vessel to dilate, and at the same time produces diabetes. The theory of Bernard, that the diabetes depends on the dilatation, and on the consequent rapid circulation of blood in the liver, is thus rendered in the highest degree probable. But why should section of the splanchnics or of the gangliated cord prevent the production of diabetes, but not remove it when present? This Cyon also explains. These parts of the nervous system contain the vaso-motor fibres for the vessels of the intestines; and, when they are cut, the vessels dilate, and blood accumulates in them to such an enormous extent that there is either too little blood remaining, or it is under too low a pressure for the circulation in the liver to become increased above its normal even although its vessels be dilated. When the hepatic vessels, however, are dilated first, the blood continues to pass through them, and diabetes continues, even although the intestinal vessels have become relaxed.

The researches of Cyon, along with those of Bernard, render our knowledge of the part which the nervous system plays in influencing the production of sugar in the liver, and in causing diabetes, in so far as this disease depends on increased formation and not on diminished combustion, tolerably clear, though still incomplete; and enables us to form some kind of idea of the manner in which opium and allied remedies prove beneficial. The irritation which the inspired air produces on the ends of the vagi in the lungs is conveyed up these nerves to the medulla oblongata, and there exerts an inhibitory action on the vaso-motor nerves of the liver. When the irritation is increased, as by galvanizing the vagi, the inhibitory action is so great as to produce complete paralysis of the vaso-motor nerves, and induce diabetes; and, on the other hand, when the vagi are cut, the vaso-motor nerves act more powerfully, causing the vessels of the liver to contract, and the production of sugar to diminish, as Bernard found that it did. It seems, therefore, not improbable, that the beneficial action of opium and its alkaloids is due to their lessening the excitability of the vagus. We can hardly suppose, however, that diabetes is not sometimes due, either in whole or in part, to diminished combustion; and the causes of this still remain a matter for future investigation.—*Brit. Med. Journal*, Dec. 23, 1871.

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17 *Pathology of Scarlatina, and the Relation between Enteric and Scarlet Fever.*—This is the title of a paper read by Dr. JOHN HARLEY before the Royal Medical and Chirurgical Society, December 12th, 1871. In the first portion of the communication, the author treated of the morbid anatomy of scarlatina, and gave the details of twenty-eight cases of his own observation. Of these, the greater number died on days ranging consecutively from the third to the fifteenth; the remainder died on the seventeenth, twentieth, twenty-fourth, twenty-ninth, thirty-third, forty-first, and sixty-ninth days. More or less albuminoid and fatty degeneration of the kidneys existed in six of the cases, and these died on the fifteenth, seventeenth, twentieth, twenty-ninth, forty-first, and sixty-ninth days respectively; the kidneys were healthy in the remainder. The pathological changes common (with a few exceptions depending chiefly upon the time of death) to all the cases were as follows :—

1. *The Formation of Fibrinous Clots in the Heart and Great Vessels during a Pyrexial Condition at any Period of the Disease.*—This was the commonest cause of death during the early stage. It was indicated in life by the reduction, often very sudden, of a full and bounding pulse of 120 to a dribble of 150 or 160 almost imperceptible impulses; and the failure of the heart's action was commonly attended with orthopnœa and delirium, from obstruction of the pulmonary and cerebral circulation. On opening the body before it had lost a degree of temperature, and while the blood was hot and fluid, the right heart would be found distended partly with dark blood, which coagulated on exposure; and partly, sometimes chiefly, with a large, firm, white bifid clot, continuous through the auriculo-ventricular opening. Each portion was interlaced with and firmly adherent to the tendinous cords and muscular bands of the cavity in which it lay; and each portion sent a rope-like prolongation into the orifice of the great vessel connected with the cavity. These processes fre-